



MINUTES
Rate Structure Work Group Meeting
Wednesday June 1, 2022 / 9:30AM - 11:00AM
Held via: Zoom Webinar

Attendance: Laurie Vachon BDS Facilitator; Jenn Doig BDS Facilitator; Christy Roy BDS Facilitator; Alecia Ortiz A&M; Drew Smith A&M; Cynthia Mahar ED Community Crossroads; Ellen McCahon ED CSNI; Erin Hall SD Brain Injury Association; Jacquelyn George Myers & Stauffer; Kara Nickulas ED of Community Programs Crotched Mountain; Kim Shottes ED Plus Company; Krista Stephani Myers & Stauffer; Larry Linden Easter Seals; Lesley Beerends Myers & Stauffer; Martin McNamara Optumas; Matthew Cordaro One Sky; Shelley Kelleher CFO Lakes Region Community Services; Sudip Adhikari Gateways

Please reference the corresponding slide presentation for the detailed agenda, including topics and themes covered in the meeting and corresponding takeaways and applicable action items.

Topic	Key Takeaways & Action Items
Goals for Meeting	<p><u>Overview</u></p> <ul style="list-style-type: none"> • Discuss cost report timing options • Continue discussion on cost report schedules • Reminder on logistics for cost report feedback and revisions
Cost Report Timing Options	<p><u>Overview</u></p> <ul style="list-style-type: none"> • Myers and Stauffer (MSLC) reviewed two timing options for Area Agencies (AA's) and private providers (vendors) to complete cost reports. <ul style="list-style-type: none"> ○ Option 1: Distribute cost reports to all AA's and vendors June 30, 2022; all cost reports due to MSLC on September 30, 2022. ○ Option 2: Distribute cost report to members of the Rate Work Group for "beta testing" with feedback due back to MSLC July 15, 2022; MSLC distributes cost reports to all AA's and vendor August 15, 2022 with cost reports due to MSLC by September 30, 2022. <p><u>Work Group Discussion</u></p> <ul style="list-style-type: none"> • Multiple Work Group members expressed concern regarding the two timeline options proposed; members generally were hesitant to have fewer options which did not fully allow for a beta test period and a full 90 days to complete the cost reports.

	<ul style="list-style-type: none"> ○ Furthermore, per members, the term “beta test” hasn’t yet been defined and the Work Group needs to further discuss expectations. • Members discussed the various data sources needed to complete cost reports and that this will add extra time for completion. • Concerns regarding year ends, audits and lack of staffing will compound the time needed to complete the cost reports. • Lastly, members voiced concern over DAADS functions and the continued work to differentiate those functions from case management. As this work is still underway, members worried about the impact of this work on cost reporting. <p><u>Outcome</u></p> <ul style="list-style-type: none"> • After this conversation, MSLC committed to taking this feedback to the Department to discuss additional options for cost report timelines.
<p>Cost Report Review</p>	<p><u>Work Group Discussion- Crisis Response Service</u></p> <ul style="list-style-type: none"> • The Crisis Response Service tab is intended to capture costs related to the billable service, not crisis response activities performed by case managers. • Similar questions to previously discussed services are included on the Crisis Response Service tab. • MSLC included a clinical evaluation section and sought feedback on if this kind of evaluation would be billed under Specialty Services rather than crisis response. <ul style="list-style-type: none"> ○ The Group indicated clinical evaluation is most often billed as a Specialty Service and requested some language revisions on this section. • Transportation provided under Crisis Response will be difficult to obtain per members. <ul style="list-style-type: none"> ○ Additional conversation may be needed for this topic. • A Work Group member suggested changing this tab’s name to just “Crisis” or “Crisis PA” for clarity. <p><u>Work Group Discussion- Specialty Services</u></p> <ul style="list-style-type: none"> • As of 6/1 MSLC had four columns built on the Specialty Services tab for SIS assessments, HRST assessments, Level 1 Specialty and Level 2 Specialty. <ul style="list-style-type: none"> ○ MSLC indicated additional conversation may be needed with the current SIS assessment vendor to fully develop SIS service design questions. Additionally, MSLC may move SIS questions to a separate tab specific only to the assessment vendor to complete. • The Group discussed the need to add questions for SIS assessment scheduling and participation. <ul style="list-style-type: none"> ○ MSLC stated that some costs would be captured on the expenses tab, but if additional or different questions are needed on other services tabs (e.g. case management) the Group should discuss this.

	<ul style="list-style-type: none"> • MSLC reminded the Group that a productivity tab specific to Specialty Services would be added and edited as needed. • Regarding supervision of Level 1 and Level 2 staff, a Work Group member indicated that they contract out to vendors with qualifications for Specialty Services. <ul style="list-style-type: none"> ○ As a result, contracted expenses should be captured on the direct staff tab of the cost report and the wage would be indicated on that sheet as well. • It is common for Specialty Service vendors to pick up an individual from a different location. Otherwise it is likely residential providers are transporting the individual to a central location. Transportation related questions will be revised as needed based on this information. • A decision was made with the Department to not include assessment consultation on the Specialty Services tab as this is a specific cost per assessment that MSLC will not be calculating. <p><u>Work Group Discussion- Transportation and Medication Management</u></p> <ul style="list-style-type: none"> • Based on previous Work Group discussions, Transportation and Medication Management details have been broken out into a separate tab. • AA's and vendors do not bill for mileage if there is not an individual in the car. MSLC to review wording to ensure alignment with this operational practice. • AA's and vendors will be asked to provide Transportation as it relates to specific services on this tab too. • Medication Management follows the same format as Transportation on this tab. • MSLC will add additional nursing questions and clarification to ensure nursing costs are being captured under applicable services (Staffed Residential, Enhance Family Care). • Nursing costs are not paid to the home care provider, rather they are paid directly to the staffed nurse through an AA or vendor. <p><u>Work Group Discussion- Community Participation Services (CPS)/Day Habilitation</u></p> <ul style="list-style-type: none"> • Conversation regarding Participant-Directed Managed Services (PDMS) was had between MSLC and the Work Group members. • It was decided that MSLC will need to further discuss internally and with the Department on how to capture PDMS costs if they cannot be easily broken out from traditional services by an AA or vendor.
<p>Next Steps</p>	<ul style="list-style-type: none"> • Due to limited time after the cost report review, the Next Steps slides of the PowerPoint deck were not reviewed with the Work Group. • However, MSLC encouraged members to send feedback and recommended revisions on the cost report to MSLC between meetings.